

Assessing Programs

for

Injury/Occupational Illness Prevention Practices and Initiatives



DoD Injury / Occupational Illness Prevention Committee

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Goal C Task Force for Identification of Best Practices in
the U.S. Military Services

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Introduction

Injuries represent a serious problem for the Department of Defense (DoD) accounting for more deaths, disability, and loss of productivity than any other single entity in DoD. Accidental injury alone accounts for half or more of deaths among active duty personnel each year. Thus, in early 1998, Mr. Rudy De Leon, the Under Secretary of Defense for Personnel and Readiness, directed that LtGen “Chip” Roadman, Air Force Surgeon General, to convene a Prevention, Safety, and Health Promotion Council to lead DoD efforts in achieving breakthroughs in the prevention of alcohol abuse, tobacco use, and injury.

Subsequently, the DoD Injury and Occupational Illness Prevention Committee (IOIPC) was formed to draft an action plan to address the injury problem. A subgroup of leading injury prevention experts developed “Assessing Programs for Injury/Occupational Illness Prevention Practices and Initiatives.” This report - -

- Marks a major milestone in achieving one of the goals of the action plan.
- Provides a guide to assess and shape injury prevention practices and initiatives across the DoD.
- Will be instrumental in identifying and promoting high quality preventive programs and interventions, directing injury prevention resources to evidence-based interventions, and providing incentives for quality community-based injury prevention.

The assessment criteria may serve as a tool for developing new programs as well as evaluating existing programs. We sincerely hope this guidance will shape injury prevention practices and initiatives across the Armed Services. Your program’s efforts will help us achieve a safe, healthy, and mission ready force.

Very Respectfully,

A handwritten signature in cursive script, reading "Diana Settles".

Diana Settles, MAT, ATC
Work Group Leader

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Assessing Programs

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Vision:

- To assess and shape injury prevention practices and initiatives across DoD
- To identify and promote high quality preventive programs and interventions
- To provide incentives for quality community-based injury prevention
- To help direct injury prevention resources to evidence-based interventions

Purpose:

These criteria are used by the IOIPC to evaluate submissions on prevention practices and programs in DoD activities.

Criteria:

1: Problem Definition

A: Importance: Was the importance of the problem in the target community clearly articulated? Importance is defined as a measure of magnitude of the problem and can include incidence, prevalence, severity, and/or impact on military mission.

Measures may include the following:

- level of risk behavior observed (alcohol related incidents, seat belt usage rates, health risk appraisals, helmet use)
- decreased productivity (light duty, profiles, lost duty time, trainee recycles, production)
- attrition / death / injuries
- health care utilization (sick call visits, admissions, compensation claims)
- expense (medical care, lost duty time, disability costs)

B: Target Community: Were the target community and the population at risk clearly defined?

- demographics (age, sex, race, occupation, duty status)
- high risk groups (as applicable)
- size of population

- C: Objectives: Was there a specific purpose and were objectives defined?
- program provides potential solutions to the problem
 - expected effects of program implementation

2: Intervention

- A: Were the reasons for selection of this intervention clearly described?
- rationale (evidence-based, theoretical, other)
 - background research or theory explained
- B: Was each intervention described in a way that it can be replicated?
- who, what, when, where, how
 - safety considerations
 - timelines, milestones
- C: Was the implementation of the intervention meaningfully evaluated? These process measures can include the following:
- descriptive data (e.g., number of people involved in the intervention, proportion of target population affected)
 - adherence / compliance
 - acceptability to participants
 - knowledge improvement
 - behavior change
 - cost

3: Outcome Evaluation

- A: Was program effectiveness clearly defined? Were measurable goals set and were they met?
- Were goals / outcome measures valid? (Did they measure what they were intended to measure?)
 - Were the expected outcomes achieved in the target population? (effectiveness)
- B: Were the impacts of the program considered in their entirety?
- Were both beneficial and adverse effects considered/measured? (These may be quantitative and/or qualitative.)
 - Were unexpected outcomes captured? (example: a program goal was to increase helmet use but use of additional protective equipment was also increased.)

- C: Was economic impact measured? Were data on program cost and savings collected?
(not limited to economic impact; may include productivity measures)
- D: Were the analytic methods (qualitative and quantitative) appropriate?
- Were methods adequately described? (self-report survey, medical record review, behavioral observations)
 - Was a comparison or reference group used?
- E: Was the relationship between intervention and outcome appropriately addressed?
Were there other possible explanations for the findings?

4: Implementation (Process) Issues

- A: Were implementation issues, including barriers and enablers, addressed?
(e.g., resources, policy changes, stakeholder involvement, organizational climate, legal concerns)
- B: Were lessons learned provided?
- C: Were unresolved issues and research questions stated?
- D: Were safety issues and hazards discussed or identified?

5: Applicability to the U.S. Armed Forces

- A: Wider Application: Discuss the potential for application to other populations.
- at subject's site
 - at other locations (your service, other services, outside of DoD)
- B: Acceptability: Discuss the intervention acceptance among the following:
- service members
 - commanders
 - senior leadership
 - others (citizens, political leaders, family members)
- C: Sustainable: Discuss potential adoption / continuation of the program in realistic and attainable terms?
- financial
 - personnel
 - procedures (standard operating procedures – SOP's)
 - policy

The findings in this document are not to be construed as an official Department of Defense position, unless so designated by other authorized documents.

For additional copies of this document, see the Department of Defense Injury/Occupational Illness Prevention Committee homepage at <http://www.tricare.osd.mil/hpp/ioipc.html>

or

contact Ms. Diana Settles, the Department of Defense Injury/Occupational Illness Prevention Committee Goal C Subcommittee Leader (Best Practice Approaches in Injury/ Occupational Illness Surveillance, Research, Intervention Models, and Prevention) at settlesd@nehc.med.navy.mil

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